

SOUTHWESTERN NEWS

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UT SOUTHWESTERN NEUROSURGEON RECOMMENDS ANEURYSM SCREENING FOR YOUNG WOMEN WHO SMOKE

DALLAS – April 18, 2000 – Christy Bradshaw started smoking cigarettes in the schoolyard when she was 13.

Seventeen years later, she had brain surgery to remove three aneurysms caused by smoking.

“If I had known when I was 13 that cigarettes could kill instantly, I never would have started,” said Bradshaw, 30. “I thought lung cancer was the only thing that could happen, and I thought that happened only to much older people.”

Cigarette smoking, especially in young women, can cause brain aneurysms, and Dr. Thomas Kopitnik, UT Southwestern Medical Center at Dallas professor of neurological surgery, said patients like Bradshaw don’t know of the danger.

“The warning on a pack of cigarettes doesn’t mention brain aneurysm, and most people are surprised to find that can be a complication of cigarette smoking,” Kopitnik said. “Nicotine attacks the cerebral blood vessels. This is really a silent killer.”

Kopitnik said that after seeing a number of young women patients with smoking-related aneurysms, he feels strongly about early aneurysm screenings for women at risk.

“Young women who smoke should check with their doctor about being screened for aneurysms,” Kopitnik said. “The screening involves doing an MRI (magnetic resonance imaging) of the brain, and it could save your life if an aneurysm is detected.”

Bradshaw also wants young women like herself to know the immediate effects of a cigarette.

“If nobody ever does anything about telling people about smoking and aneurysms, nothing’s going to change,” said Bradshaw, who lives in Nashville, Ark.

A severe headache sent Bradshaw, mother of a 2-year-old daughter, to the hospital emergency room twice in 2000. Her family doctor, Dr. Joe King of Nashville, is the one who

(MORE)

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ANEURYSM SCREENING – 2

realized she had something more than a headache.

“I knew something was wrong,” she said. “The pain came on suddenly. It felt like a sledgehammer hit me, and my head started to get hot.”

After magnetic resonance imaging, doctors found the aneurysms, and she was flown to Zale Lipshy University Hospital, UT Southwestern’s private adult referral hospital. Kopitnik clipped the three aneurysms.

At Zale Lipshy, Kopitnik and Dr. Duke Samson, chairman of neurological surgery, perform about 150 aneurysm operations a year. During the surgery, Kopitnik makes a 6-inch incision at the patient’s front hairline and removes a piece of skull to have access to the brain. He places a tiny clip across the base of the aneurysm, cutting off blood flow to the aneurysm.

For doctors like Kopitnik, the challenge is to catch the aneurysm before it bursts. An MRI can detect an aneurysm when it reaches 5 millimeters in size, but the average size of an aneurysm that bursts is only 7 millimeters.

A burst aneurysm requires a longer, more dangerous surgery, a longer recovery time and much higher medical costs.

“Like cancer, early detection is the key with an aneurysm,” Kopitnik said. “The only thing better is to prevent them.”

Sixty percent of people with a ruptured brain aneurysm either die or are left permanently disabled. In the United States each year, about 30,000 people have a brain aneurysm rupture.

Over the last decade, Kopitnik and Samson have operated on about 1,800 patients with aneurysms. About 70 percent of those patients were women.

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